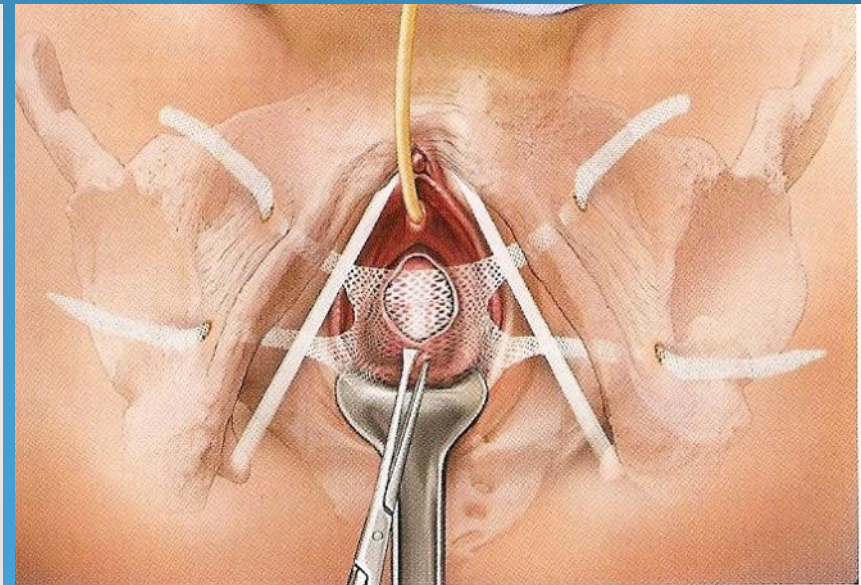
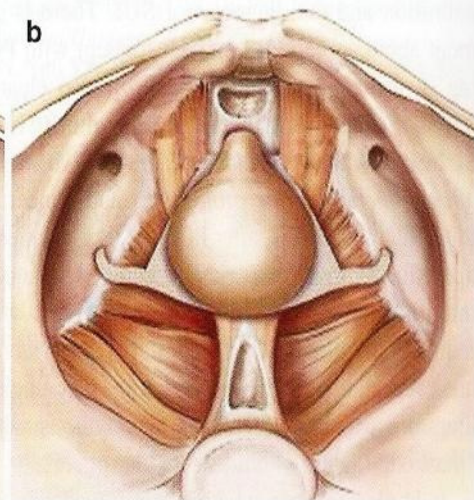
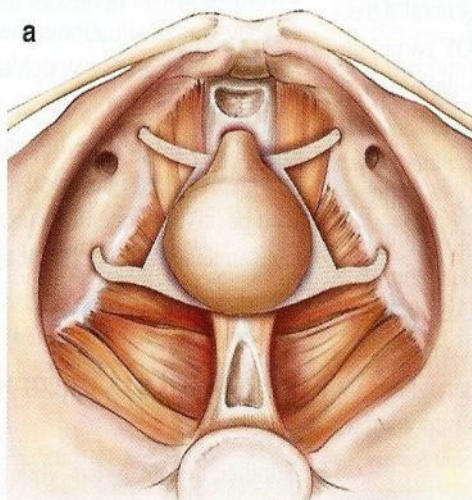
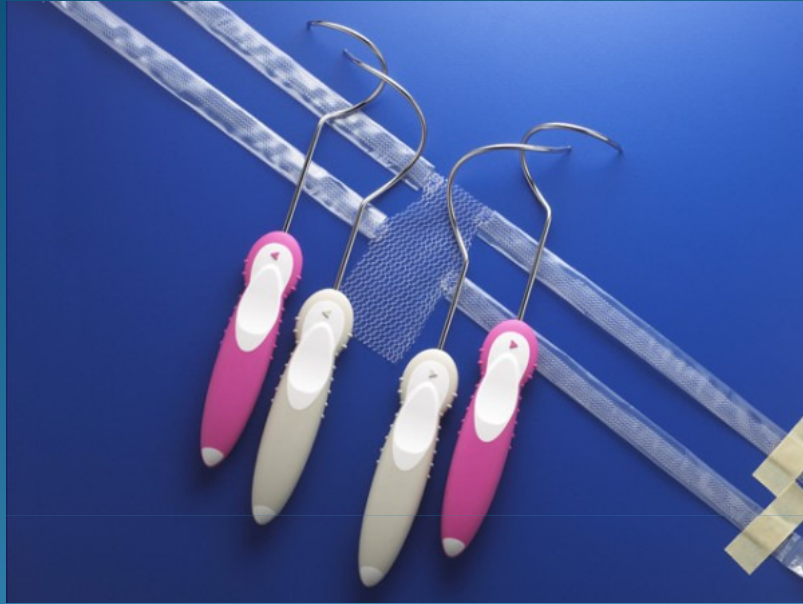
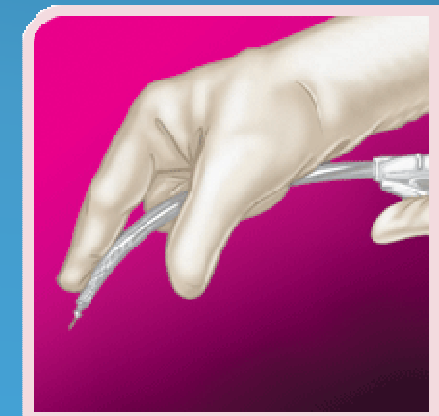
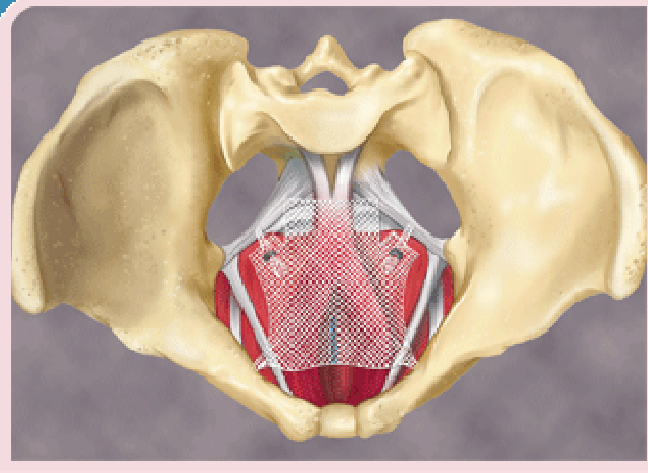
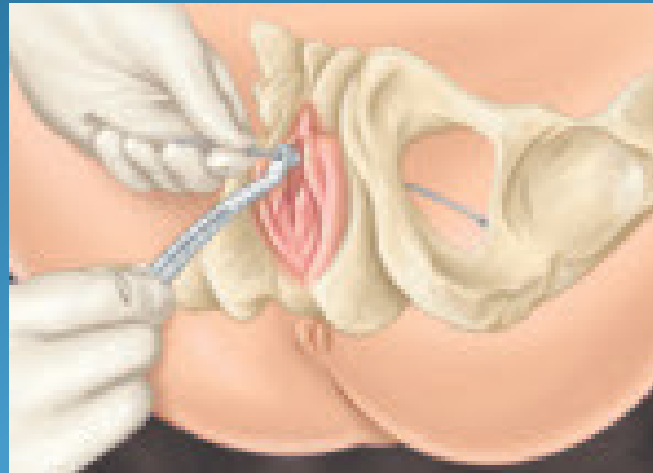
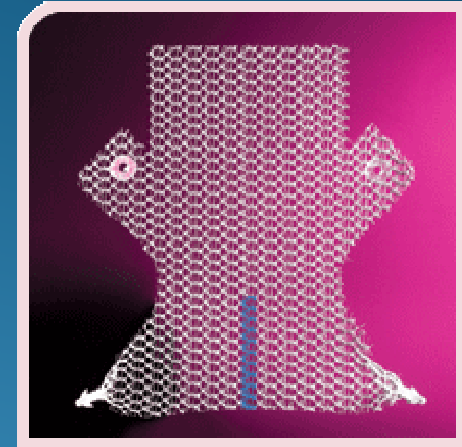
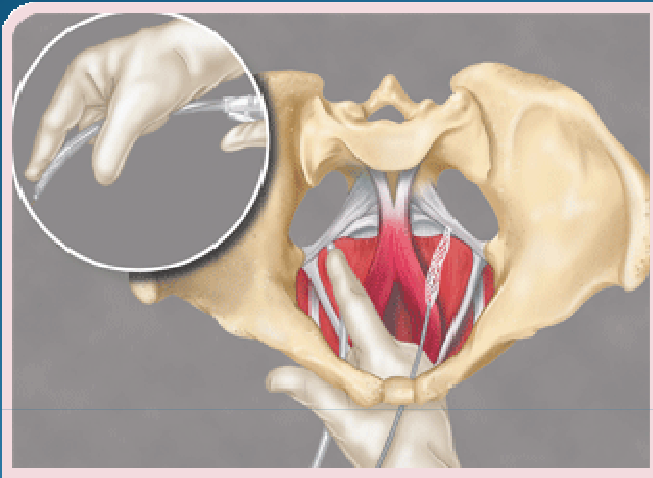


PROLAPSO DOS ÓRGÃOS PÉLVICOS



PROLAPSO DOS ÓRGÃOS PÉLVICOS



CODIFICAÇÃO

Tabular List ICD-9-CM 2013

Index

Tabular List

Colonization — *continued*
MSSA (methicillin susceptible Staphylococcus aureus) V02.53

Coloptosis 569.89

Color
amblyopia NEC 368.59
acquired 368.55
blindness NEC (congenital) 368.59
acquired 368.55

Colostomy
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fitting or adjustment V55.3
malfunctioning 569.62
status V44.3

Colpitis — *see also* Vaginitis 616.10

Colpocele 618.6

Colpocystitis — *see also* Vaginitis 616.10

Colporrhexis 665.4 ✓

Colpospasm 625.1

Column, spinal, vertebral — *see condition*

Coma 780.01
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diabetic (with ketoacidosis) 250.3 ✓
due to secondary diabetes 249.3 ✓
hyperosmolar 250.2 ✓
due to secondary diabetes 249.2 ✓
eclamptic (*see also* Eclampsia) 780.39
epileptic 345.3
hepatic 572.2
hyperglycemic 250.3 ✓
due to secondary diabetes 249.3 ✓
hypoosmolar (diabetic) (nonketotic)

617.9 Endometriosis, site unspecified

✓ 618 Genital prolapse

Use additional code to identify urinary incontinence (625.6, 788.31, 788.33-788.39)

EXCLUDES that complicating pregnancy, labor, or delivery (654.4)

✓ 618.0 Prolapse of vaginal walls without mention of uterine prolapse

EXCLUDES that with uterine prolapse (618.2-618.4)
enterocele (618.6)
vaginal vault prolapse following hysterectomy (618.5)

618.00 Unspecified prolapse of vaginal walls

Vaginal prolapse NOS

618.01 Cystocele, midline

Cystocele NOS

DEF: Defect in the pubocervical fascia, the supportive layer of the bladder, causing bladder drop and herniated into the vagina along the midline.

N81.11 Cystocele midline

618.02 Cystocele, lateral

Paravaginal

DEF: Loss of support of the lateral attachment of the vagina at the arcus tendinous results in bladder drop; bladder herniates into the vagina laterally.

618.03 Urethrocele

618.04 Rectocele

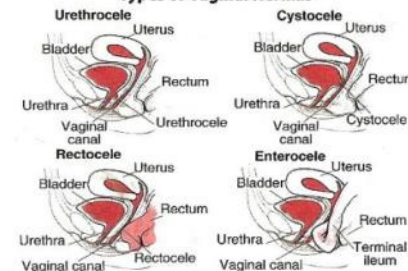
Proctocele

Use additional code for any associated fecal incontinence (787.60-787.63)

N81.6 Rectocele

618.05 Perineocele

Types of Vaginal Hernias



618.09 Other prolapse of vaginal walls without mention of uterine prolapse

Cystourethrocele

618.1 Uterine prolapse without mention of vaginal wall prolapse

Descensus uteri

Uterine prolapse:

NOS
complete
first degree
second degree
third degree

EXCLUDES that with mention of cystocele, urethrocele, or rectocele (618.2-618.4)

618.2 Uterovaginal prolapse, incomplete

DEF: Downward displacement of uterus downward into vagina.

N81.2 Incomplete uterovaginal prolapse

618.3 Uterovaginal prolapse, complete

DEF: Downward displacement of uterus exposed within external genitalia.

618.4 Uterovaginal prolapse, unspecified

N81.4 Uterovaginal prolapse unspecified

618.5 Prolapse of vaginal vault after hysterectomy

N99.3 Prolapse of vaginal vault after hysterectomy

618.6 Vaginal enterocele, congenital or acquired

Pelvic enterocele, congenital or acquired
DEF: Vaginal vault hernia formed by the loop of the small intestine protruding into the rectal vaginal pouch; can also accompany uterine prolapse or follow hysterectomy.

N81.5 Vaginal enterocele

Codificação - procedimentos

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Colpoplasty 70.79
Colpopoiesis 70.61
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Colporrhaphy 70.71
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for repair of
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with graft or prosthesis 70.54
posterior (rectocele repair) 70.52
with graft or prosthesis 70.55
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Colpotomy 70.14
for pelvic peritoneal drainage 70.12
Commando operation (radical glossectomy)
25.4
Commissurotomy
closed heart technique — see Valvulotomy,
heart
open heart technique — see Valvuloplasty,
heart
Compression, trigeminal nerve 04.02

Tabular List		Operations on the Female Genital Organs	70-70.79
70	Operations on vagina and cul-de-sac		
	Code also any application or administration of an adhesion barrier substance (99.77)		
70.0	Culdacentesis		
	DEF: Insertion of needle into upper vaginal vault encircling cervix to withdraw fluid.		
	AHA: 2Q, '90, 26		
	TIP: Assign for aspiration for sperm antibodies, which involves aspirating fluid from the female peritoneum or cul-de-sac area to check for the presence of sperm antibodies; assign separate codes for any tubal insufflation (66.8), and/or hysteroscopy (68.12).		
70.1	Incision of vagina and cul-de-sac		
70.11	Hymenotomy		
70.12	Culdotomy		
	DEF: Incision into pocket between terminal end of large intestine and posterior uterus.		
70.13	Lysis of intraluminal adhesions of vagina		
70.14	Other vaginotomy		
	Division of vaginal septum		
	Drainage of hematoma of vaginal cuff		
	DEF: Division of vaginal septum: Incision into partition of vaginal walls.		
	DEF: Drainage of hematoma of vaginal cuff: Incision into vaginal tissue to drain collected blood.		
70.2	Diagnostic procedures on vagina and cul-de-sac		
70.21	Vaginoscopy		
70.22	Culdoscopy		
	DEF: Endoscopic exam of pelvic viscera through incision in posterior vaginal wall.		
70.23	Biopsy of cul-de-sac		
70.24	Vaginal biopsy		
70.29	Other diagnostic procedures on vagina and cul-de-sac		
70.3	Local excision or destruction of vagina and cul-de-sac		
70.31	Hymenectomy		
70.32	Excision or destruction of lesion of cul-de-sac		
	Endometrectomy of cul-de-sac		
	EXCLUDES biopsy of cul-de-sac (70.23)		
70.33	Excision or destruction of lesion of vagina		
	EXCLUDES biopsy of vagina (70.24)		
	vaginal fistulectomy (70.72-70.75)		
70.4	Obiteration and total excision of vagina		
	Vaginectomy		
	EXCLUDES obiteration of vaginal vault (70.8)		
	DEF: Vaginectomy: Removal of vagina.		
70.5	Repair of cystocele and rectocele		
70.50	Repair of cystocele and rectocele		
	EXCLUDES repair of cystocele and rectocele with graft or prosthesis (70.53)		
	DEF: Repair of anterior and posterior vaginal wall bulges.		
70.51	Repair of cystocele		
	Anterior colporrhaphy (with urethrocele repair)		
	EXCLUDES repair of cystocele and rectocele with graft or prosthesis (70.53)		
	repair of cystocele with graft or prosthesis (70.54)		
	AHA: N-D, '84, 20		
70.52	Repair of rectocele		
	Posterior colporrhaphy		
	EXCLUDES repair of cystocele and rectocele with graft or prosthesis (70.53)		
	repair of rectocele with graft or prosthesis (70.55)		
	STAR procedure (48.74)		
	AHA: 2Q, '11, 10; 1Q, '06, 12		
70.53	Repair of cystocele and rectocele with graft or prosthesis		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	AHA: 4Q, '07, 114-115		
70.54	Repair of cystocele with graft or prosthesis		
	Anterior colporrhaphy (with urethrocele repair)		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	AHA: 2Q, '11, 10; 4Q, '07, 114-115		
70.55	Repair of rectocele with graft or prosthesis		
	Posterior colporrhaphy		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	AHA: 4Q, '07, 114-115		
70.6	Vaginal construction and reconstruction		
70.61	Vaginal construction		
	AHA: 3Q, '06, 18		
70.62	Vaginal reconstruction		
	AHA: N-D, '84, 20		
70.63	Vaginal construction with graft or prosthesis		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	EXCLUDES vaginal construction (70.61)		
	AHA: 4Q, '07, 114-115		
70.64	Vaginal reconstruction with graft or prosthesis		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	EXCLUDES vaginal reconstruction (70.62)		
	AHA: 4Q, '07, 114-115		
70.7	Other repair of vagina		
	EXCLUDES lysis of intraluminal adhesions (70.13)		
	repair of current obstetric laceration (75.69)		
	that associated with cervical amputation (67.4)		
70.71	Suture of laceration of vagina		
	AHA: N-D, '84, 20		
70.72	Repair of colovaginal fistula		
	DEF: Correction of abnormal opening between midsection of large intestine and vagina.		
70.73	Repair of rectovaginal fistula		
	DEF: Correction of abnormal opening between last section of large intestine and vagina.		
70.74	Repair of other vaginocentric fistula		
	DEF: Correction of abnormal opening between vagina and intestine other than mid or last sections.		
70.75	Repair of other fistula of vagina		
	EXCLUDES repair of fistula:		
	rectovesicovaginal (57.83)		
	ureterovaginal (56.84)		
	urethrovaginal (58.43)		
	uteroovaginal (69.42)		
	vesicocervicovaginal (57.84)		
	vesicosigmoidovaginal (57.83)		
	vesicouterovaginal (56.84)		
	vesicovaginal (57.84)		
70.76	Hymenorrhaphy		
	DEF: Closure of vagina with suture of hymenal ring or hymenal remnant flaps.		
70.77	Vaginal suspension and fixation		
	DEF: Repair of vaginal protrusion, sinking or laxity by suturing vagina into position.		
70.78	Vaginal suspension and fixation with graft or prosthesis		
	Use additional code for biological substance (70.94) or synthetic substance (70.95), if known		
	AHA: 4Q, '07, 114-115		
70.79	Other repair of vagina		
	Colpoperineoplasty		
	Repair of old obstetric laceration of vagina		

Prolift 1 yr. data

- Prospective trial, 46 patients
- Continuous piece PP mesh
 - Anterior and posterior dissections, sub-apex bridge tunneling
- Anatomic success – 91%
 - Apex: st. 0 – 50% st. 1 – 15.6%
 - Anterior: st. 0 – 60% st. 1 – 26.7%
- Marked improvement QOL
 - UDI, IIQ, OOI
- Dyspareunia – no increase pre-post (37%)
 - de novo 18%, worsened 28%
- Erosion rate – 15%

Wishni A, Vierhout M. Int Urogynecol J 2009;20:1203

Elevate posterior

- Multi-center trial, 12 mo. f/u
- 139 pts., > St. 2 POP
 - 21% prev. surgery
 - 96.4% posterior POP
 - 30.2% apical POP
- Cure rate: Apex: 89.2%
Post wall: 92.5%
- Extrusions: 6.5%

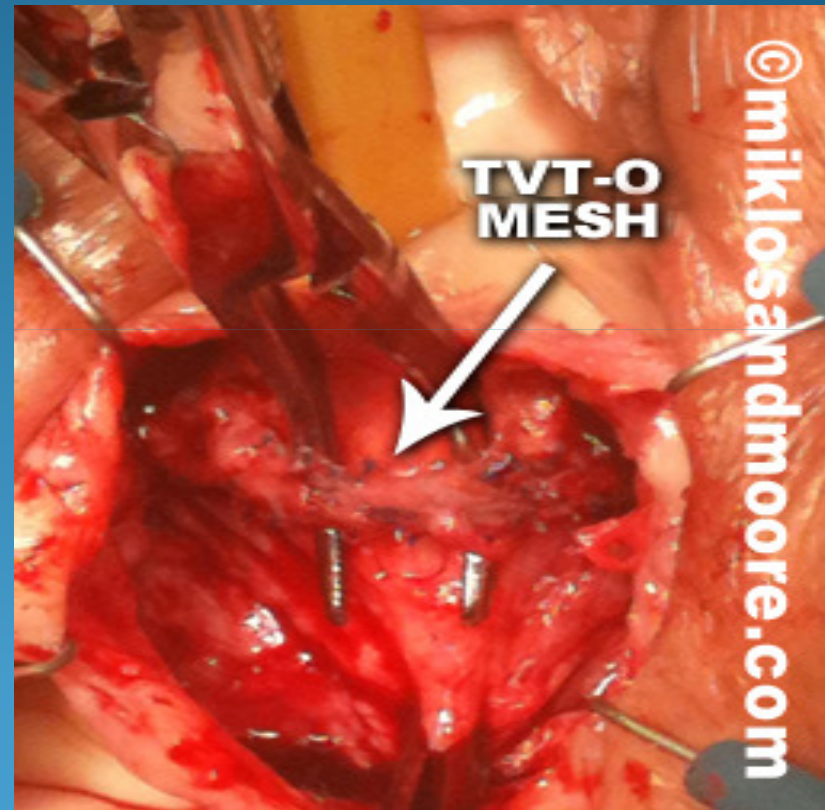
Lekban J. IUGA 2010, AUGS 2010

Avaulta: 1 year results

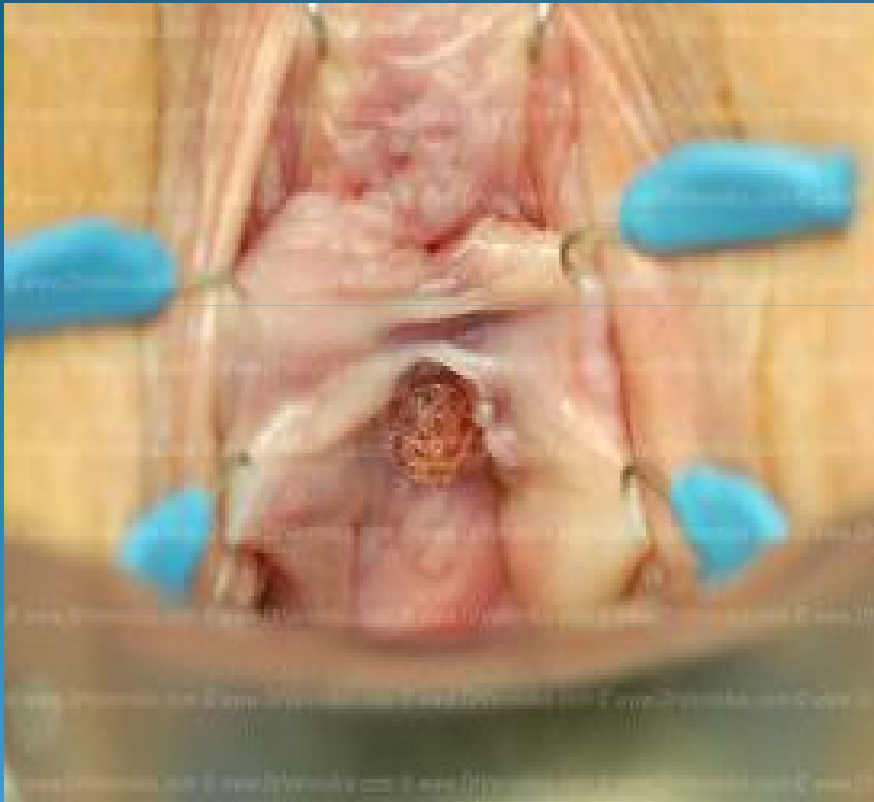
- 120 patients: ant (74), post (21), both (21)
- POP-Q and PFDI-20/PFIQ-7/satisfaction
- Cure = any POP-Q pt. > 0.
- Cure = 81%
 - Ant (76%), post (90%), both (81%)
- Failure rate highest if C>+2 (35%)
- Erosion rate – 11.7%
- De novo pain – 3.3%

Galligan P. AJOG 2010;203:506-7.

Complicação de sling /mesh



Complicação de sling /mesh



CODIFICAÇÃO

Tabular List ICD-9-CM 2013

Complications — continued
due to any device, implant, or graft classified to 996.0–996.5 — *continued*
coronary bypass — *continued*
atherosclerosis — *see* Arteriosclerosis, coronary
embolism 996.72
occlusion NEC 996.72
thrombus 996.72
electrodes
brain 996.75
heart 996.72
esophagostomy 530.87
gastrointestinal NEC 996.79
genitourinary NEC 996.76
heart valve prosthesis NEC 996.71
infusion pump 996.74
insulin pump 996.57
internal
joint prosthesis 996.77
orthopedic NEC 996.78
specified type NEC 996.79
intrauterine contraceptive device NEC 996.76
joint prosthesis, internal NEC 996.77
mechanical — *see* Complications, mechanical
nervous system NEC 996.75
ocular lens NEC 996.79
orbital NEC 996.79
orthopedic NEC 996.78
joint, internal 996.77
renal dialysis 996.73
specified type NEC 996.79
urinary catheter, indwelling 996.76
vascular NEC 996.74
ventricular shunt 996.75
during dialysis NEC 999.9
ectopic or molar pregnancy NEC 639.9
electroshock therapy NEC 999.9
enterostomy 569.60
specified type NEC 569.69
esophagostomy 530.87
infection 530.86
mechanical 530.87
external (fixation) device with internal component(s) NEC 996.78
infection or inflammation 996.67
mechanical 996.49
extracorporeal circulation NEC 999.9
eye implant (prosthetic) NEC 996.79
infection or inflammation 996.69
mechanical
ocular lens 996.53
orbital globe 996.59
fetal, from amniocentesis 679.1 ☒
gastrointestinal, postoperative NEC (*see also* Complications, surgical procedures) 997.49
gastrostomy 536.40
specified type NEC 536.49
genitourinary device, implant or graft NEC 996.76
erosion of implanted vaginal mesh 629.31
exposure of implanted vaginal mesh 629.32
infection or inflammation 996.65
urinary catheter, indwelling 996.64
mechanical (*see also* Complications, mechanical, by type) 996.30
specified NEC 996.39
graft (by pass) (patch) (*see also* Complications, due to presence of) any device

Urinary System

Tabular List

- 629.3 Complication of implanted vaginal mesh and other prosthetic materials**
AHA: 4Q, '11, 130-131
- 629.31 Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue** ♀
Erosion of implanted vaginal mesh and other prosthetic materials into pelvic floor muscles
- 629.32 Exposure of implanted vaginal mesh and other prosthetic materials into vagina** ♀
Exposure of vaginal mesh and other prosthetic materials through vaginal wall
- 629.8 Other specified disorders of female genital organs**
- 629.81 Recurrent pregnancy loss without current pregnancy** ♀
EXCLUDES recurrent pregnancy loss with current pregnancy (646.3)
AHA: 4Q, '06, 98
- 629.89 Other specified disorders of female genital organs** ♀
AHA: 4Q, '06, 98
- 629.9 Unspecified disorder of female genital organs** ♀

Complicações de sling sub-uretral

TOT/TVT/MESH

- A complicação mais frequente das próteses utilizadas para tratamento da incontinência urinária de esforço, TOT (Trans Obturator Tape) e TVT (Tension free Vaginal Tape) e MESH para POP é a **erosão da parede da vagina** e consequente **protrusão da fita**; o tratamento é simples e consiste na secção duma parte da prótese e na sutura da área de erosão vaginal.

- Classificação

- O diagnóstico classifica-se através de

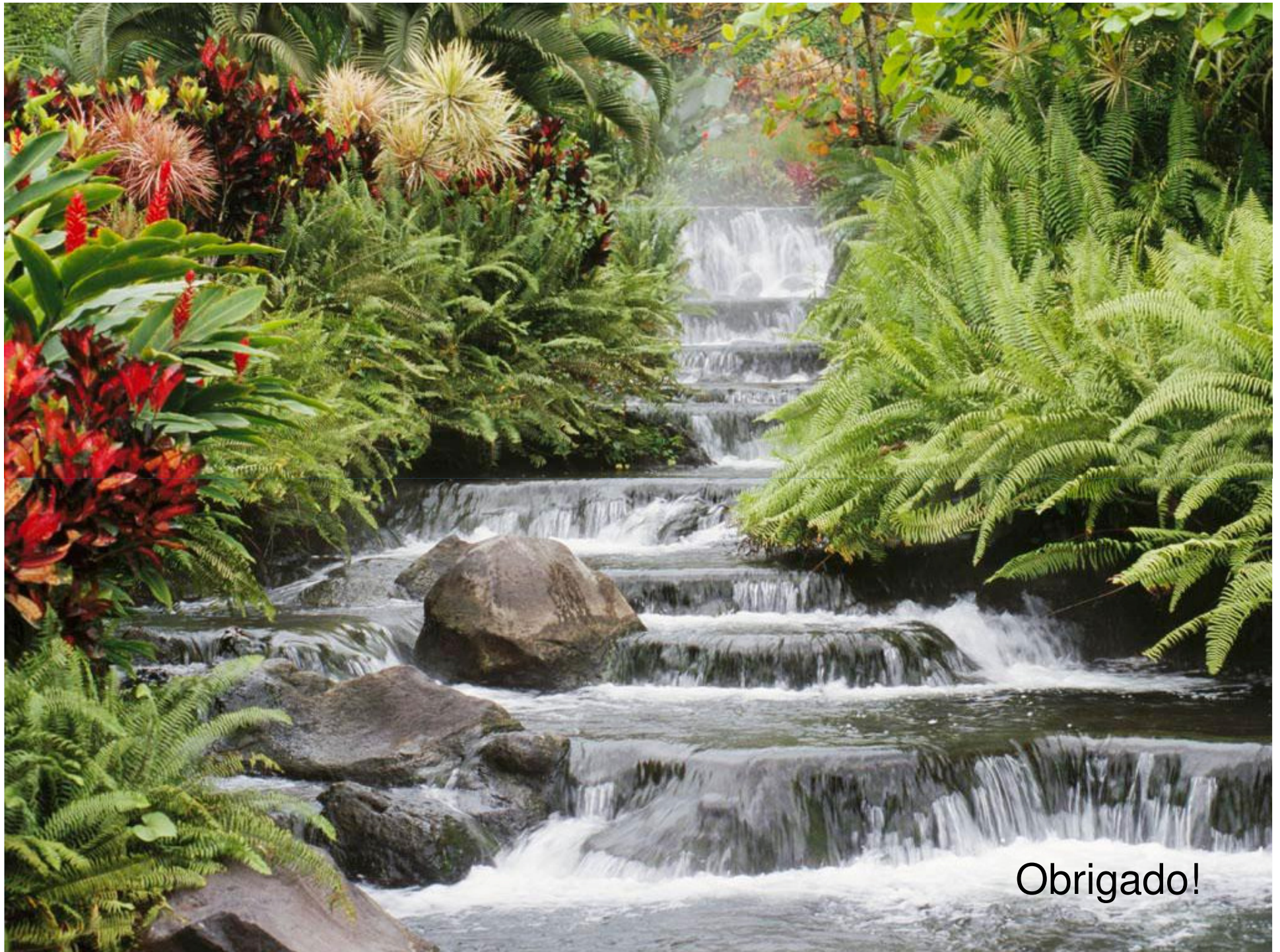
- Complications

- | | |
|---|--------|
| • genitourinary device, implant or graft NEC | Index |
| • infection or inflammation | 996.76 |
| • mechanical (see also Complications, mechanical, by type) | 996.65 |
| • Mechanical, specified NEC | 996.30 |
| • erosion of implanted vaginal mesh and other prosthetic material | 996.39 |
| • Exposure of implanted vaginal mesh and other “ into vagina | 629.31 |
| | 629.32 |
| • Reacção anormal a cirurgia com implantação de dispositivo | E878.1 |

CODIFICAÇÃO

- O procedimento é codificado através de
- Suture
 - vagina 70.71 (index)
 - suture of laceration of vagina 70.71 (tabular list)
- Nos casos em que seja necessário proceder à remoção da prótese, o procedimento faz-se através duma pequena incisão da vagina; neste caso a classificação será feita através da entrada:
 - Incision / vagina no código 70.14 (index)
 - Other vaginotomy, 70.14 (tabular list)
e não se atribui código nem à remoção nem à consequente sutura.

Portal da codificação



Obrigado!

Comentários

- ✓ A IU na actualidade surge como um dos grandes desafios da medicina actual, por ser uma das situações mais comuns e mais complexas, que motiva áreas de grande investigação.
- ✓ Homogenização dos dados de prevalência e definições de IU nos estudos epidemiológicos.
- ✓ Os mecanismos de continência da mulher e os factores que contribuem para a sua falha ainda não estão totalmente compreendidos.
- ✓ A fisiopatologia tornou-se mais clara quando houve a percepção de que se tratava de um problema multifactorial para explicar a Incompetência uretral e colo vesical.
- ✓ A evolução é constante o que leva a dificuldades de codificação

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